in all Government medical colleges of the country keeping in view of increasing demands among the students;

(b) if so, the details thereof;

(c) the amount of financial allocation made by Government for this purpose; and

(d) if not, the reasons therefor and what steps are being taken by Government in this direction?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) The Essentiality and desirability to increase in number of MBBS/BDS seats in Government medical/dental colleges is to be determined by the respective State Governments/UTs based on their needs, priorities and availability of resources. Based on such essentiality and desirability, Central Government grant permission to increase the seats in medical/dental colleges after obtaining the recommendations of the concerned professional Councils in this regard. There is no proposal to increase the seats by Central Government in All Government Medical/ Dental colleges in the country.

Blindness and Tuberculosis Control Programme

1872. SHRI MOTIUR RAHMAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Disease Control Programme in respect of blindness and tuberculosis has not met with success;

(b) whether the activities under the programmes were not conducted efficiently due to lack of infrastructural facilities, drugs, equipments, laboratories and testing devices;

(c) the steps taken to bring down the rate of prevalence of blindness and to achieve the targets fixed for cataract operations etc.; and

(d) the efforts made to eradicate blindness and tuberculosis completely and the achievement made thereon?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMDOSS): (a) to (d) No, Sir. The National Programme for Control of Blindness was launched in the year 1976 as a 100% Centrally sponsored scheme with the goal to reduce the prevalence of blindness from 1.4% to

0.3% by 2020. As per the survey in 2001-02, prevalence of blindness is estimated to be 1.1 %. Target for the 10th plan is to reduce prevalence of blindness to 0.8% by 2007 by taking following steps:

(i) Setting up of State Blindness Control Societies and District Blindness Societies in States/UT.

(ii) Providing Eye care facilities to needy people at Primary, Secondary and Tertiary level through Primary Health Centres, District Hospitals, Medical Colleges and Regional Institute of Ophthalmology.

(ill) Strengthening of Eye Banks in Government/Voluntary Sectors.

(iv) Financial support to NGOs for strengthening of their existing infrastructure for Eye care.

(v) Intensification of IEC activities etc.

The National TB Control Programme (NTCP) was launched in the country in 1962. This could not achieve the desired results. Therefore, Revised National TB Control Programme (RNTCP) widely known as DOTS (Directly Observed Treatment Short Course) which is a WHO recommended strategy was implemented as a 100% Centrally Sponsored Scheme from 1997 in the country in a phased manner with the objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. By March 2006, all the districts in the country are implementing RNTCP, allowing access to DOTS to all TB patients in the country. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal area and for every 50,000 population in the tribal, hilly and difficult areas. A treatment success rate of more than 85% has been reported under the revised strategy, which means that more than 8 out of every 10 patients placed on treatment under the revised strategy are being cured.

Cultivation of herbal plants

1873. SHRI PENUMALU MADHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have made any study on the availability of herbal plants in the country;